



**The Salvation Army Women's Auxiliary
Galveston County, TX**

MEMBERSHIP APPLICATION

RENEWAL _____ NEW MEMBER _____ TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ TITLE _____

ADDRESS _____ HOME PHONE (____) _____

CITY/STATE/ZIP _____ WORK PHONE (____) _____

E-MAIL ID* _____ @ _____

****will be used only to communicate information about the Salvation Army Woman's Auxiliary or that is of interest/importance to members and will reduce mailing expense when necessary.***

BIRTHDAY (month & day) _____ HUSBAND'S FIRST NAME _____

Have you previously been a member of the Women's Auxiliary? Yes _____ No _____

As a member of The Salvation Army Women's Auxiliary, I will strive to support its annual fundraisers through ticket purchase, participate in committee projects, and attend monthly meetings as able.

Signature _____ Total Enclosed - \$ _____

(As you wish your name to appear in the yearbook)

Name of Sponsor, if applicable _____

Please complete and return this form, along with dues and your service/information sheet, to:

Salvation Army Women's Auxiliary
Attn: Membership
P.O. Box 990
Galveston, X 77553



The Salvation Army Women's Auxiliary New Member Profile

NAME: _____

Have you been a member of the Women's Auxiliary in the past? _____

If yes, when and where? _____

SPECIAL TRAINING/SKILLS: (i.e. computer, public speaking, project leadership,
accounting/bookkeeping, management)

TALENTS: (i.e. music, flower arranging, decorating) _____

ORGANIZATIONS/CLUBS TO WHICH YOU BELONG OR HAVE RECENTLY BELONGED:

1. _____ OFFICE(S) HELD: _____

2. _____ OFFICE(S) HELD: _____

3. _____ OFFICE(S) HELD: _____

ACCOMPLISHMENTS/SPECIAL RECOGNITIONS: _____

HOBBIES/INTERESTS: _____

ADDITIONAL INFORMATION: _____

*This information will be useful to us in helping choose your area of service.
This information will be kept confidential and will be for auxiliary board use only.*

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Attn: Membership

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Galveston, X 77553